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SOUTH KESTEVEN RURAL DISTRICT COUNCIL

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1959





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SOUTH KESTEVEN RURAL DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE

1959

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Councillor G.H. Taylor

Vice-Chairman

Councillor E.W. Mason

Members

Councillor H.W. Bailey J.P.

" Mrs. C.A. Baker.
" C.W. Barrand.
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Trollope-Bellew.
" F.H. Whincup.
" A.D. Wright.
" H.W. Wyer.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

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Additional Public Health
Inspector

W.J. Watson,
M.A.P.H.I., A.R.S.H.
(appointed 1.1.59.)

Shorthand-Typist and General
Clerk

Mrs. K.J. Exton.

Junior Clerk

Miss S.M. Curtis
(appointed 6.7.59.)

Clerk of the Council

J.J.C. Goulder, M.B.E.

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

Annual Report of the Medical Officer of Health For the Year 1959

To the Chairman and Members
of the South Kesteven Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my fifth Annual Report which is that for the year 1959.

SECTION A STATISTICS AND SOCIAL CONDITIONS

Area in Acres	95,061
Population (Registrar General's Figures 1959)	15,120
Number of inhabited houses	4,728
Rateable Value	£102,370
Sum represented by a 1d. rate (Estimated) ..	£412. 9s. 2d.

Vital Statistics for the Year 1959

Note: Birth and Death Rates

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of South Kesteven are 1.04 and 0.98 respectively. The corresponding figures when multiplied by the Crude Rate (that is for Births or Deaths as the case may be) will give the Nett Rate.

			M	F	TOTAL
Total Live Births	..	..	129	103	232
Legitimate	..	..	124	99	223
Illegitimate	..	..	5	4	9

Crude Live Birth Rate per 1,000 of estimated population - 15.34

Nett Live Birth Rate per 1,000 of estimated population - 15.95

Rate for England and Wales - 16.5

Illegitimate Live Births per cent of Total Live Births - 3.88%

	M	F	TOTAL
Still Births	3	2	5
Legitimate	3	2	5
Illegitimate	-	-	-

Still Birth Rate per 1,000 Live and Still Births - 21.07
Rate for England and Wales - 20.7

Total Live and Still Births - 237

Deaths	M 97	F 50	TOTAL 147
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Crude Death Rate per 1,000 of estimated population = 9.72

Nett Death Rate per 1,000 of estimated population = 9.72
Nett Death Rate per 1,000 of estimated population = 9.53

Rate for England and Wales - 11.6

Infantile Mortality - Deaths of infants under one year

Number of Deaths	..	..	..	M	F	TOTAL
Legitimate	..	..	..	2	1	3
Illegitimate	..	..	..	2	1	3
	-	-	-	-	-	-

Infantile Mortality Rate per 1,000 Live Births - 12.93
Rate for England and Wales - 22.0

Infantile Mortality Rate per 1,000 Legitimate Live Births	-	13.50
Infantile Mortality Rate per 1,000 Illegitimate Live Births	-	Nil
Neo-Natal Mortality i.e. Deaths of infants under four weeks of age	-	1 male
Early Neo-Natal Deaths i.e. Deaths of infants under four weeks of age	-	1 male
Neo-Natal Mortality Rate per 1,000 Live Births	-	4.31
Early Neo-Natal Mortality Rate per 1,000 Live Births	-	4.31

There was no case of a Maternal Death i.e. a death due to pregnancy, Childbirth or Abortion

The Live Birth rate at 15.95 per 1,000 of estimated population is only a little less than the rate for England and Wales as a whole, which incidentally was the highest birth rate since 1949. The Still Birth Rate for the year at 21.07 approximates closely to the National Figure of 20.7.

The Death Rate in the Rural District was 9.53 against the 1.6 figure for England and Wales, a favourable reduction of 2 per 1,000 of the population. Very satisfactory also was the Infantile Mortality Rate which at 12.93 meant that for every 1,000 infants born alive in South Kesteven 10 more would be alive at the end of the first year than the average for the country as a whole, where the rate was 22.0. This latter figure was the lowest ever previously recorded in the Country. A new low record has been set up now for each of the last five years - a tremendous triumph for the Obstetrician, the Midwife, the Health Visitor and the Maternity and Child Welfare Services generally; and last but by no means least, the mothers!

The natural increase (excess of live births over deaths) is 85 - 14 more than in the previous year. It is hoped that this trend will continue and so stop the depopulation here, which is so much a feature of the Rural areas of the Country generally.

The fact that the relevant comparability factors (1.04 for Births and 0.98 for Deaths) are so near unity is indicative that the composition of our community for age and sex is quite a well balanced one.

CAUSES OF DEATH

				M	F	TOTAL
1.	Tuberculosis, respiratory..	..	..	..	1	-
2.	Tuberculosis, other	..	..	..	-	-
3.	Syphilitic disease	..	..	..	-	-
4.	Diphtheria	..	..	..	-	-
5.	Whooping Cough	..	..	..	-	-
6.	Meningococcal infections	..	..	..	-	-
7.	Acute Pclomyelitis	..	..	..	-	-
8.	Measles	..	..	..	-	-
9.	Other infective and parasitic diseases			-	-	-
10.	Malignant neoplasm, stomach	..	..	..	6	2
11.	Malignant neoplasm, lung, bronchus			2	2	4
12.	Malignant neoplasm, breast	..	..	-	-	-
13.	Malignant neoplasm, uterus	..	..	-	-	-
14.	Other malignant and lymphatic neoplasms			11	6	17
15.	Leukaemia and aleukaemia	..	..	..	2	1
16.	Diabetes	..	..	..	-	-
17.	Vascular lesions of nervous system			..	7	9
18.	Coronary disease, angina	..	..	..	13	4
19.	Hyper-tension with heart disease			..	2	-
20.	Other heart disease	..	..	..	15	10
21.	Other circulatory disease			..	2	3
22.	Influenza..	..	..	..	2	-
23.	Pneumonia..	..	..	..	..	17
24.	Bronchitis	..	..	..	..	3
25.	Other diseases of respiratory system			..	1	-
26.	Ulcer of stomach and duodenum..	..	..	..	1	-
27.	Gastritis and enteritis and diarrhoea..			1	-	1
28.	Nephritis and nephrosis	..	..	..	1	-
29.	Hyperplasia of prostate	..	..	..	1	-
30.	Pregnancy, childbirth, abortion			..	-	-
31.	Congenital malformations	..	..	..	-	-
32.	Other defined and ill-defined diseases				4	3
33.	Motor vehicle accidents	..	..	..	2	-
34.	All other accidents	3	1
35.	Suicide	-	-

36. Homicide and operations of war - - -	TOTALS	97	50	147
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By a strange coincidence the total number of deaths this year, 147, was precisely the same as in the previous year. Diseases of the cardio-vascular system again head the list of Causes of Death, accounting for almost half the total (65) and of these 17 were due to coronary disease. The exact cause of this disease, attendant upon western habits of life, have not yet been fully elucidated. Diet, the stresses of living, sedentary work may all be factors in the story of this disease which exacts such a grim toll of men in what should be the prime of life, as well as in the later decades. In the light of present knowledge moderation in diet and exercise and a modicum of leisure and relaxation would appear to be the best preventive measures for those in the forties and older to adopt.

This year diseases of the respiratory system accounted for 32 deaths and were the second most common cause. This relative increase was largely due to the widespread incidence of Influenza during the early months of the year. This inevitably struck hardly at the elderly in the community and its evil effects were also reflected in the increase in deaths from pneumonia from 11 in 1958 to 24 this year.

29 deaths were due to New Growths, actually seven more than the previous year though they were displaced from second to third place in the Mortality Table. There were no deaths due to neoplasms in the usual female sites of uterus or breast but cancer of the bronchus accounted for 4. With respect to the latter let it not be forgotten for the want of saying it that My Lady Nicotine with her soothing charms can repay the devotion of her too ardent admirer with this dreadful lung disease and also thereis reason to believe she plays a part in coronary insufficiency also. Is any lover worth it?

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Nursing in the Home

This service provided by the Kesteven County Council is operated in the area by eight District Nurse Midwives - at Greatford, Market Deeping, Deeping St. James, Witham-on-the-Hill, Rippingale, Billingborough and Colsterworth - covering Castle Bytham and Corby Glen.

Three Health Visitors spend part of their time working in the area and some of the District Nurses already mentioned are engaged in Health Visiting duties.

Home Helps

These are provided in the Rural District from Centres at the North Street Clinic, Bourne, the Barnhill Clinic, Stamford and from Sleaford for the Horbling, Billingborough and Folkingham area.

This service continues to be met by a large and ever increasing need. It is apparent to those who are in close contact with the many frail elderly persons who live alone in the area that the resources of the Service are at times overtaxed. The happiness which is brought by these Helpers to those who would otherwise have to seek a Hospital or Welfare bed and who make it feasible for them to remain in their own homes is a priceless blessing and the acme of social service.

Infant Welfare Centres

These are provided by the County Council at Castle Bytham, Corby Glen, Billingborough, Folkingham, Market Deeping, Morton and Thurlby. In addition those at Bourne and Stamford serve the surrounding areas. At all of these Centres Welfare Foods are made available. I would like to express my appreciation of the services of a staunch band of voluntary workers who give so much help to the Health Visitors and myself at all these Centres.

Free Diphtheria and Whooping Cough immunisation and Small Pox Vaccination are provided by many of the General Medical Practitioners under the County Council Scheme, and in some instances Foliomyelitis Vaccination also. These services are also provided at the Bourne, Stamford, Market Deeping and Billingborough Infant Welfare Centres.

Hospital Services

These are provided by the East Anglian Regional Hospital Board for the southern part of the area, based on Peterborough, Stamford and Bourne; and the Sheffield Regional Hospital Board for the north based on Grantham.

Laboratory Facilities

Bacteriological investigations of water, milk and other specimens are carried out by the Public Health Laboratory at Peterborough which is directed by Dr. D.H. Fulton, Dr. G. Croll has also most kindly done work for the Department during the year at his Lincoln Laboratory.

Ambulance Service

The County Council provides this for the Rural District by a radio-controlled service based on Stamford where there are 3 ambulances and one dual purpose vehicle, and Bourne where there are 2 ambulances and two dual purpose vehicles.

SECTION C SANITARY CIRCUMSTANCES OF THE AREA

The Council's water supply is potentially available to 94% of the population in the area.

During the year 1959, 85 applications for connections were made and of these 79 were completed. A mains extension was carried out for Castle Bytham to Holywell.

The average daily consumption of water in December, 1959, was 404,000 gallons compared with 377,000 in December, 1958, giving an average per capita consumption of 26.72 gallons per day against the 25.3 of the previous year.

The sources of supply have abundant reserves and analysis during the year showed them to be of excellent quality though inevitably hard in most instances. The exception to this is the enviable supply at Deeping St. James which with a mere 12.5 parts of total hardness per 100,000 and 2.2 parts per million of fluorine is unique in the area. It would be a wonderful advance from the housewife's point of view if this softer water and from a Public Health point of view if this naturally

occurring fluorine in the water could be exploited and distributed to a far wider area when the new South Lincolnshire Water Board gets into its stride. There is abundant evidence in the Deeping St. James community that the dental conditions are better there than anywhere else in the District due to the protection afforded by the fluorine content. The most partisan antagonist to the principle of fluoridating public water supplies would have to bow to the vital statistics and the abounding good health of those who live in that area and have been imbibing it for the past 21 years.

The Draft Proposals for the new Water Board have taken shape and have been submitted to the Ministry for their approval in principle. They provide a fine example of co-operation between the neighbouring local authorities of Bourne U.D., Spalding U.D., Spalding R.D., East Elloe R.D. and Boston R.D., and a high degree of statemanship in ironing out local differences for the benefit in the long run of all concerned.

There are still some isolated houses with unsatisfactory supplies and during the year five such cases were investigated and found to be polluted. In each instance until a more satisfactory alternative can be devised the users have been warned that all water for domestic consumption must be boiled - a not altogether happy solution.

One complaint of taste on the Council's water supply was followed up but analysis revealed nothing and it was thought the transient trouble must have arisen from the laying of new bitumastic lined pipes. As other areas with similar water and piping were unaffected this was an unconfirmed theory.

It is again a disappointment to me to find at the end of the year that so few house connections had been made to the modern sewage disposal system at Corby Glen - only a total of 31% after 5 years. As this village is situated on the water gathering grounds, where there are inevitably swallow holes and faults in the limestone; and combined with a very dry summer I felt a grave concern at the time for the underground water supplies. It is therefore with great relief that the proposal to connect these properties under Council arrangements

is hailed and another year should see this problem solved.

House connections have been pushed ahead also in the Deepings and at the end of the year some 33% had been joined up to the Deeping St. James Sewage Disposal Works. These works following on the complaint of alleged smell in the previous year were meticulously watched from an odour and analytical point of view. At no time was there anything found prejudicial to health. The final effluent discharged to the Welland was of excellent quality, and it was apparent that the fish found it so for repeatedly I saw them in the channels inside the works! There was some difficulty in obtaining alkaline digestion within the sludge digestion tanks but it is confidently felt that the answer to this has been found.

Every School within the District has now a modern sanitary system with water closets and other appurtenances.

The voluntary laundry at Deeping St. James goes successfully on its way relieving the plight of many an incontinent and elderly person and meeting other domestic emergencies. I salute the devoted band of ladies who never once have defaulted in their self-imposed task. It is a proud record. They have truly found in the words of Montaigne that

"He that lives not somewhat to others
liveth little to himself."

A weekly nightsoil collection service operates throughout the District. The refuse collection is on a fortnightly basis but it is hoped that it also will be on a weekly standard in the not too distant future.

The need for more burial ground at Market Deeping has given rise to considerable anxiety and no little negotiation but so far the requisite agreement on where it should be has not been reached, even though the natural course of events will not brook of indefinite delay.

Litter baskets where they have been provided have undoubtedly assisted in the anti-litter campaign and it is intended to increase the distribution of the baskets to include all the Parishes which have requested this facility.

Mortuary facilities for the Coroner and the Police are made

available in Bourne jointly with the Bourne U.D.C. and from time to time use has been made for the Stamford M.B. one also.

There are no public swimming baths within this Rural District but many use the facilities at Stamford and Bourne.

Five Gangmasters Licences were granted during the year.

SECTION D

HOUSING

Owing to the dear money rates which ruled the financial situation during 1958 and the early part of 1959 it was not surprising that no Council houses were built during the year, however regrettable the fact may be. Faith in the future was shown in that 10 new Council houses were in the course of erection at the year's end. Private enterprise was not so swayed by rising costs and managed to complete 44 new houses which were 16 more than in the year before, and 14 more were on the stocks.

The Council continued to help the owners of property which was sub-standard but worth modernising and giving a new lease of life. To effect this, Improvement Grants were given in 29 cases which though six less than in the previous year still add up to a significant total of properties saved for the future.

There were 225 applicants on the waiting list for Council houses at the end of the year. Of these 43 were living outside the District and 182 within. Of these no fewer than 73 require Elderly Persons' Accommodation - that is 40.1 per cent. From this it is abundantly clear that the demand for small compact easily run bungalows and flats is as great as ever. It is a type of accommodation which will be needed for as far ahead as can be visualised, as a scrutiny of the Vital Statistics proves. It is heartening to be able to report that all the preliminaries have now been completed and a start should soon be possible on the Grouped Elderly Persons' bungalows with a Warden in charge, which in association with the County Council are to be erected in the Deepings. This will mark a big step forward in the fight to help the elderly who are leading lonely lives in squalor in their autumnal days and for whom Welfare or hospital accommodation would be a soulless and

bitter alternative.

Those who design buildings for the elderly have a great responsibility to do in all their power to reduce the potential hazards to life and limb in them to a minimum, always bearing in mind the failing physical resources and senses of those who will ultimately live in them. Thought on the type and location of baths, stoves, taps, meters and other equipment could make all the difference in the world to some elderly tenant.

The Council gives assistance in rehousing to those in need on health grounds, though a points system is not operated. During the year eight applications were received asking for priority consideration for health reasons and each case was personally investigated by your Medical Officer of Health and reported upon. It is inevitable that the overwhelming say of the Parish Representative on the allocation of tenancies within the Parish makes outside and otherwise worthy claims both unpopular and difficult of fulfilment. Illustrative of this is the story of a couple with three children living in an isolated cottage, with an unsatisfactory water supply and with no conveniences. The family doctor said he feared he would be unable to reach the house to attend the last confinement owing to the quagmire-like approach and hospital was recommended on that score. So bad was it that the school age child could not attend school and face the half mile trek to the main road. The School Attendance Office tempered justice with mercy under the environmental circumstances and the none too good state of the mother's health. Rehousing south of Bourne is the only answer. Such cases might warrant dealing with on a District rather than a Parochial basis.

Two instances of overcrowding were abated by suitable rehousing operations. In one, thirteen persons were living in a three bedoomed house and in the other six persons were resident in a caravan. One other reported instance of overcrowding remained to be abated at the end of the year. Here two adults and nine children aged from three to nineteen years were living in a small tied cottage with three bedrooms, two of them small.

The Slum Clearance programme continued to make steady

progress and a further 23 houses were dealt with making a total of 226 since the programme began, just over four years ago, when the projected target of 153 to be dealt with in the first five years was submitted to the Ministry. No Clearance Area procedure was indicated and all were dealt with as individual unfit houses. Those occupiers involved in earlier Clearance Areas have all been rehoused with the exception of one person who must have been promised one six years ago. She must feel at times that "hope deferred maketh the heart sick".

The Council have accomplished very praiseworthy results in the housing field within a comparatively short time and the re-housing of the displaced tenants has been made as smooth as possible thanks to the close co-operation between the Tenants and Housing Repairs and Rents Act Committees. However no surgery is painless and to mitigate the upheaval as long notice as possible is given to landlords and tenants of impending action. As the programme proceeds further demands will arise for Elderly Persons' accommodation and increase still more the already heavy demand from the ordinary housing waiting list already mentioned.

The frustrations attendant upon trying to find an acceptable standard for residential caravans and caravan sites against the background of a chaotic legal yardstick continued unabated. A shaft of light in the gloom was cast by the Working Committee drawn from all the local authorities in Kesteven and convened by the County authority. They have drawn up a minimum code of requirements for caravan sites which it is hoped will be applicable throughout the County. Meantime the caravan dweller seems to stop and stay largely in his own uninhibited way with lower legally permitted standards for health and welfare than are applicable to any other section of the community.

No case of infestation with vermin was reported from any of the Council's 1127 houses during the twelve months.

SECTION E INSPECTION AND SUPERVISION OF FOOD

The Food Hygiene Regulations for 1955 are now generally accepted as the basis for a Code of Practice in food businesses.

Though this is true it is only too easy in a small mixed-food and other business for the standards to be relaxed unless regular and kindly but critical supervision can be maintained.

The hygienic storage and display of food items, in a small village "store" where a wide variety of other goods not usually associated with a food business are also kept is by no means easy to achieve. Repeated visits to such premises are enormously important, particularly where cooked meats, cream cakes, iced cakes and other foods intended for consumption without further preparation are on sale.

With so many demands on their time it is hard for the Health Inspectors to effect as close a watch on the situation as would be desirable.

100% Meat Inspection is maintained at the four licensed slaughterhouses in the Rural District Area.

The Slaughterhouse (Hygiene) Regulations of 1958 became operative on 1st January, 1959. These were thoroughly welcome as taking a distinct forward step on the road to ensuring that the Public's meat supplies are hygienically and aesthetically handled at all stages from the Hoof to the Home. Particularly welcome was the requirement that an undressed carcase entering a slaughterhouse must have a Veterinary Surgeon's certificate giving the reason for slaughter, stating whether the animal was suffering from any disease liable to render the meat unfit for human consumption and giving particulars of any drugs administered which might affect the meat. The advisability for such information to be made available must be clear to all.

It is to be hoped that as attestation schemes gather momentum the incidence of bovine tuberculosis will become less and less and will eventually be eradicated.

A milk sample of Tuberculin Tested (non-heat treated) milk taken in the course of delivery was found to have a Brucella abortus infection. I use this fact to stress again the great importance that all Tuberculin Tested but unheat treated milk used for infant feeding should first be boiled. I cannot understand why milk bottled on a farm should be so well reward-

ed as to make it not worth while financially for the producer to go to the trouble and expense of having it pasteurised.

The water supplies from watercress undertakings were sampled as routine procedure. All come from deep bores and are of the highest bacteriological standard. Naturally in the beds the water is subjected to the risk of contamination by birds and other animals and this is a situation which has to be closely watched. It must be viewed however alongside schemes for the maintenance of the bacteriological purity of other salad vegetables and the protection of the consumer. There is a lot to be said for the technique of a final immersion in a tank of chlorinated water before final despatch to market.

Mr. Hawley, Chief Inspector of Weights and Measures of the County Council took 54 samples under the provisions of the Food and Drugs Act, 1955. The articles sampled were:-

Butter (rolls and butter)	2	Meat Paste	1
Butter sweets	1	Preserves	3
Condensed milk	1	Soft drink	1
Ice cream	1	Soup, tinned	1
Iced lollipop	1	Tomato ketchup	1
Luncheon meat	1	Vinegar, malt	1
Milk	39		
			54

In his report Mr. Hawley says

"Although Bourne may fairly claim to supply the provisioning needs of the adjoining rural area, towns like Market Deeping and Billingborough might contest this view, especially where milk is concerned. The rural area not only produces a lot of milk, but consumes a high proportion of this local product. This fact explains the relatively high proportion of milk samples obtained during the year. The 39 samples averaged 3.68 per cent butterfat and 8.81 per cent other solids, figures which though below the County average are, nevertheless, good.

The sample of Butter sweets contained 6.06 per cent of

fat and a sample of rolls and Butter was also genuine.

A sample of Iced Lollipop was found to be genuine and free from saccharin, a sweetening agent which the medical profession say is unsuitable for young people, for whom the lollipop is mainly manufactured. In spite of this informed opinion, there is no prohibition against the use of saccharin in the manufacture of lollipops as there is, now, in the manufacture of ice cream. The Food Standard (Ice Cream) Regulations, 1959, which came into force during the year set new standards for 'Dairy Ice Cream' as distinct from 'Ice Cream'. Dairy Ice Cream, Dairy Cream Ice or Cream Ice must in each case contain not less than 5.0 per cent of butterfat and no other fat and not less than $7\frac{1}{2}$ per cent of other milk solids. Only sugar may be used for sweetening purposes and saccharin therefore, is prohibited.

After a period of initial uncertainty, public demand for dairy ice cream increased considerably and soon all manufacturers were making both varieties. Incidentally, the nationally known manufacturers have always maintained a quality standard very much above the statutory minima and it is interesting to see that this is now being done with the 'dairy ice cream'. Most well-known manufacturers' products contain from 10-12 per cent of butterfat and from 12-16 per cent of other milk solids. It will be seen therefore, that a good 'dairy ice cream' is, indeed, good. Since local manufacturers must compete with e.g. Walls and Lyons, the tendency has been for all ice cream to be well above the minimum standard. A sample of dairy ice cream (made in Peterborough) was found to contain 9.04 per cent butterfat and 12.47 per cent other milk solids."

I wish to thank Mr. Hawley for his ever ready assistance throughout the year.

SECTION F

THE PREVENTION AND CONTROL OF INFECTIOUS AND OTHER DISEASES

132 cases of notifiable infectious diseases were recorded during the year, compared with 542 in 1958 and 240 in 1957. These figures exclude Tuberculosis which are shown separately.

This marked fall was due to the fact that the measles epidemic of the previous year had largely burnt itself out and

accounted for only 72 of the total compared with 474 in 1958, though at that it was still numerically the most important. Scarlet Fever was second commonest with 28 though I am persuaded its incidence is not fully reflected by the total number of notified cases. Often it may appear so mild as to seem hardly worth notifying and in other instances it is initially indistinguishable from a streptococcal sore throat which is not a notifiable disease. These facts do not make for easy control. There would appear to be a strong case for reassessing the list of infections which are statutorily notifiable, dropping some which are of no clinical importance in this Country e.g. Malaria and some for which the control measures envisaged in the Regulations have outgrown their usefulness e.g. Measles and Whooping Cough. For these there might be substituted others which are more relevant to the times such as Undulant Fever, Infective Jaundice, Athletes Foot and Verruca (Plantar wart).

There were two cases of Dysentery but as these occurred in a family engaged in food business they occasioned a great deal more anxiety and control measures than the number might suggest. These breakdowns in domestic and personal hygiene levy a heavy tribute in time and money on the family and the community - yet unlike so many other diseases prevention lies entirely in their own hands both metaphorically and literally!

There was no case of Poliomyelitis. How far this immunity was due to the possible absence of the Virus and how far to the Poliomyelitis Vaccination programme it is not possible to say. It is most important however that as large a proportion of the population in their first four decades as possible should be protected. Only where this is really high can a herd immunity be expected to develop and the environment be made hostile to the organism. In these factors lie our future safety from attack.

Diphtheria, now absent for 12 years, has only been kept under control by a vigorous immunisation programme and woe betide the community which in its pre-occupation with other things forgets this and allows it to return.

I appeal again to the mothers of all children to have them protected against both Poliomyelitis and Diphtheria

in their first year of life, and I would like to see these immunisations available on demand at every Local Health Authority Clinic throughout the land. Often a mother who could be induced to have it done on the spot loses her enthusiasm if she has to wait for the procedure at some later date.

It is good that Food Poisoning and the Enteric group of diseases were absent from the notifications during the year.

Some of the Council's workmen inevitably come into contact with sewage or water which may have been contaminated by rats, and which in certain circumstances could cause Weil's Jaundice in man. To make this remote possibility even more remote a card of instructions has been given to all men working in contact with sewage or in ditches and rat infested places.

One case of Weil's disease was reported to me from the Stamford hospital. It occurred in a farm worker living in the fen area of the district.

TUBERCULOSIS NEW CASES AND MORTALITY DURING 1959.

Age Periods	<u>NEW CASES</u>				<u>DEATHS</u>			
	Pulmonary		Non Pulmonary		Pulmonary		Non Pulmonary	
	M	F	M	F	M	F	M	F
0-1	-	-	-	-	-	-	-	-
1-2	-	-	-	-	-	-	-	-
2-5	-	-	-	-	-	-	-	-
5-15	1	-	-	-	-	-	-	-
15-25	-	1	-	-	-	-	-	-
25-35	-	-	-	-	-	-	-	-
35-45	-	1	1	-	-	-	-	-
45-55	1	-	-	-	-	-	-	-
55-65	1	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-
 TOTALS	3	2	1	-	-	-	-	-

Five new cases of Pulmonary Tuberculosis occurred compared with three in 1958, and one in 1957, but no deaths were attributable to these causes. This mirrors the National picture that whereas deaths from Pulmonary Tuberculosis have fallen from 25,539, 20 years ago to 4,480 now (a reduction of just over 80 per cent) when the two years are compared, the incidence of new cases has not shown a comparable fall.

Only by an allout effort can this scourge be finally defeated and time is not on our side in dealing with it lest in the meantime therapeutically resistant strains of the wily bacillus gain the upper hand.

It is to be hoped that full advantage will be taken of the B.C.G. Vaccination Scheme for school children aged thirteen years and upward. It has proved its value in other lands and has received the full approval of the Medical Research Clinic in this. The transition period from school to a less sheltered existence is a vulnerable time in a young person's life and this simple vaccination procedure should reduce the risk of them acquiring active Tuberculosis.

Enormous importance must be attached always to the surveillance of the known cases and their contacts at the Chest Clinic, the Surgery and in their homes.

To this end the closest possible liaison should be maintained between the Health Visitor and the Chest Clinic to pool information for the benefit of the patient and the community in which he lives--- and this exchange of information would be by no means onesided! It would also ensure the follow up of defaulters. I have been appealing for this for five years and there are welcome signs that the liaison may be much better in the near future. I would like to express my appreciation to the Council for the keen interest which they have shown in this matter.

The Mass Radiography Unit of the East Anglian Regional Hospital visited Bourne from May 20th to June 12th, 1959, and during that time 1342 persons from the Rural District availed themselves of the opportunity to have a chest X-ray. By the 31st December, no findings resulting from these examinations

were available but it is hoped that they can be included in next year's Report.

ANALYSIS OF CASES OF INFECTIOUS DISEASE
UNDER AGE GROUPS

	Scarlet Fever	Diphtheria	Puerperal Pyrexia	Pneumonia	Ophthalmia neonatorum	Cerebro Spinal Fever	Measles	Whooping Cough	Erysipelas	Dysentery	Acute Poliomyelitis	Food Poisoning	Acute Encephalitis	Paratyphoid
0-1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1-2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2-3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3-4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4-5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5-10	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10-15	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20-35	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-45	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-65	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	28	-	-	27	-	-	72	2	1	2	-	-	-	-
Admit- ted to Hospital	-	-	-	4	-	-	-	-	-	-	-	-	-	-

National Assistance Act - Section 47

No action was necessary under this Section of the above mentioned Act during the year. In several instances however it was only after much importuning and persuasion that a happier solution on a voluntary basis was achieved and sterner measurers avoided. Such cases extend the resources of the medical and welfare services to the fullest extent.

Health Education

The Council subscribe to the Central Council for Health Education and use is made of their posters, leaflets and propaganda material. A two day course was held by them in association with the County on the "Health and Welfare of the Elderly" and I was privileged to attend and hear the opinions of the experts. Over and over again during the year I have come across cases of elderly persons who were suffering not so much from physical, financial or mental problems as just loneliness and the lack of satisfactory personal contacts with other human beings. To such it would be an invaluable boon if there were a band of voluntary visitors prepared to pay frequent regular calls, bringing in a breath of the outside world and its happenings, to some who through the death of their partner or physical disability or just economy of effort have withdrawn inside themselves. For such their homes which were their castle may well have become their prison. In less dramatic instances a social visit would be none the less welcome to many an elderly person living alone. Such visits too could be made the opportunity for assessing what pitfalls there may lurk within the house, for those who by reason of their age and diminishing special senses are more prone to accident and injury - alas sometimes contributing to their death. A tactful word might have a fireguard put in place, some darkened corner better lighted, a brush put in a safer spot or a loose mat removed and a potential threat abolished. If such visitors mastered all the facilities and services local and national available to the elderly their social call would be even more effective. I will not labour the theme further but those interested in the practical aspects of the Health Education of one very worthy section of the community might care to give it a trial.

During the year 20 socio-medical cases were investigated and helped. These were varied and multifaceted but they had the basic factor in common of someone who was found to be no longer able to cope with life without some outside assistance.

A partially sighted octogenarian living alone in poor health and enfeebled. A partially paralysed youngish woman with four children and marital infelicity additionally. An elderly incontinent living with a married daughter who already had her hands full with her own family. An elderly man living in squalor in a caravan and in poor health. A very old couple determined to sleep upstairs in spite of repeated falls for whom a double handrail was fitted. An elderly frail old lady living alone who scaled herself and yet adamantly refused a hospital bed. Several families in acute domestic maladjustment and social bankruptcy. These are a few of the cases and what a debt of gratitude is owed to the Home Helps and the Health and Welfare Visitors who so often have been able to conjure a solution out of a situation which appeared well nigh insoluble.

During the five years I have held my present appointment it has been my constant aim and desire to integrate locally the personal Health and Welfare Services provided by the County with the environmental Health Services provided by this Council. The object in this is to try and ensure that each helps the other to the maximum extent possible and thereby to achieve the maximum benefit for the individual and the community whom your Health Department serve.

A very famous statesman of the last century was once asked the solution to the then baffling situation in the Near East. He replied that there were only three who knew the answer to it - one unfortunately had died, another was mad and the third had forgotten it. There is a strong similarity in question and answer to that posed to and by the Boundary Commission by the Local Government re-organisation problem.

Certain am I that whether they stick to their present proposals to remove Stamford and two of our Parishes into a new County of mixed pedigree, or concoct new ones, this District and the decapitated parts will be no better or more efficiently serviced in their Health and Welfare Services than those

which they have enjoyed in the past. I think that was the object of the exercise but perhaps I too have forgotten.

To Councillor G.H. Taylor the Chairman and to the Members of the Health Committee, I would like to offer my grateful acknowledgement for their active help and support throughout the year.

I wish to thank my close collaborator Mr. Chivers for his consistently ready and cheerful assistance, whether in discussion on the ways and means of achieving our object or out "in the field"; where incidentally the position has been much improved with the addition of Mr. Watson to the side but where much work always remains to be done.

My sincere thanks and appreciation are also extended to Mr. Goulder for his co-operative help throughout the year, to my other colleagues on the staff and to our two lady clerks without whom this would not appear and our efforts would be largely sterile.

Finally, to Dr. Galletly and Dr. O'Sullivan, I say a very warm thank you for so kindly standing by for me when I have been away.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH,

Medical Officer of Health.

FACTORIES ACTS 1937 & 1948

The Annual Report of the Medical Officer of Health
in respect of the Year 1959 for the Rural District
of South Kesteven in the County of (Kesteven)
Lincolnshire.

PART I OF THE ACT

1. Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which section 1, 2, 3, 4 & 6 are to be enforced by the Local Authorities	6	11	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	67	-	-	-
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTALS	73	11	-	-

2. Cases in which defects were found

Number of cases in which
defects were found

Particulars

	Found	Remedied	To H.M. Inspector	Referred	By H.M. Inspector	No. of cases in which prosecutions were instituted
Want of Clearliness (S.1.)	-	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-	-
Inadequate temperature (S.3.)	-	-	-	-	-	-
Ineffective Drainage of floors (S.6.)	-	-	-	-	-	-
Sanitary Conveniences (S.7.)						
(a) Insufficient	-	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-	-
TOTALS	-	-	-	-	-	-

PART VIII OF THE ACT

Outwork

Nature of Work	No. of Outworkers	No. of cases of Default in sending Lists to the Council.	No. of prosecutions for failure to supply lists.	Notices served.	Prosecutions.	No. of instances for work in unwholesome premises.
Carding etc. of buttons etc.	1	1	1	1	1	1
TOTALS	-	-	-	-	-	1

H. ELLIS SMITH.

Medical Officer of Health.

